

## APPENDIX E

### APPLICATION FORM PACKAGE

This portion of the Appendix contains a sample of the forms to be used in filing an application with the Community Development office for funding under the Rhode Island Small Cities Community Development Block Grant Program.

An original and **two** copies of the attached forms and all appended materials are to be submitted to:

Department of Administration  
(Municipal Affairs)\* Community Development  
One Capitol Hill, (3rd Floor)\*  
Providence, R.I. 02908-5873  
Telephone: 222-2867

\*Prior to submitting application please verify this address has not changed by contacting Community Development staff at 222-4411.

The application must be received by MA/CD by 3:30pm **May 20, 2005**.

**Application scores are not based on presentation. However, a well-organized application does facilitate review and reduces the likelihood that sections are accidentally omitted. Keep your application materials securely contained in a binder. Binders are most secure and can be more easily organized. Attachments should be confined to an 8-1/2" X 11" format. Items can be folded or reduced to fit this size but should be bound in the application.**

P A C K A G E

I. Application Cover

II. Community Development Plan

A. Needs

B. Comprehensive Plan Compliance

III. Proposed Activities

Local Priorities

A separate proposal shall be prepared for each activity:

A. Summary

B. Activity Description

C. National Objective Compliance

D. Threshold (Abbreviated) Requirements

E. Other Review and Regulatory Systems

F. Multi-Year Funding Requests

IV. Program Budget

A. Proposed Budget

B. Proposed Management Plan

V. Economic Development Documentation

RHODE ISLAND SMALL CITIES COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

APPLICATION COVER

1. Applicant:

A. Community \_\_\_\_\_

B. Contact Person \_\_\_\_\_ Title \_\_\_\_\_

C. Mailing Address \_\_\_\_\_

\_\_\_\_\_ Telephone No. \_\_\_\_\_

2. Total Funding Requested:

\$ \_\_\_\_\_ (Should reconcile with budget page)

3. Authorizing Resolution of the Local Governing Body:

This is certified as a true copy of a resolution adopted by the Council of the \_\_\_\_\_ of \_\_\_\_\_ at a meeting held on \_\_\_\_\_.

WHEREAS, funds are available under the Rhode Island Small Cities Community Development Block Grant Program, administered by the Community Development office; and,

WHEREAS, the Governor of the State of Rhode Island has authorized the Director of said Community Development office to disburse such funds; and,

WHEREAS, it is in the interest of the citizens of the \_\_\_\_\_ of \_\_\_\_\_ that application be made to undertake a Small Cities Community Development Program.

NOW, THEREFORE, BE IT RESOLVED BY THE \_\_\_\_\_ COUNCIL OF THE \_\_\_\_\_ OF \_\_\_\_\_:

That the filing of this application for the amount of \$ \_\_\_\_\_ to implement the activities proposed herein hereby authorized and that \_\_\_\_\_ is hereby

(Chief Executive Officer)

authorized and directed to file this application with the Community Development office, to provide any additional information or documents required by said office, to make any assurances required in connection with this program, to execute an agreement with the State of Rhode Island and to otherwise act as the Representative of the \_\_\_\_\_ of \_\_\_\_\_ in all matters relating to this application and any award which may be based upon this application.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
Seal: \_\_\_\_\_ Title: \_\_\_\_\_

5. Certification of Public Hearings:

I hereby certify that public hearings duly advertised and convened on the below listed dates have been completed and that public comments made as the result of this process have been considered in the development of proposals contained in this application.

1st Hearing ad \_\_\_\_\_  
held \_\_\_\_\_

2nd Hearing ad \_\_\_\_\_  
held on \_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
Title: \_\_\_\_\_

6. Certification of Local Planning Board or Commission:

I hereby certify that, at a meeting held on \_\_\_\_\_ at \_\_\_\_\_, the Planning \_\_\_\_\_ of the \_\_\_\_\_ of \_\_\_\_\_ reviewed the proposals contained in this application and has been given opportunity to comment on said proposals. The Planning \_\_\_\_\_ certifies that to the best of its knowledge, the activities proposed are not in conflict with the general policies set forth in the Comprehensive Community Plan of the \_\_\_\_\_ of \_\_\_\_\_.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
Title: \_\_\_\_\_

7. Chief Executive Officer (Empowered by Resolution in Number 4 above):

A. Name and Title (typed): \_\_\_\_\_  
B. Signature: \_\_\_\_\_  
C. Date: \_\_\_\_\_



RHODE ISLAND SMALL CITIES COMMUNITY DEVELOPMENT BLOCK GRANT

APPLICATION

II. Community Development Plan

A. Needs

Briefly identify and document all community development and housing needs in accordance with the objectives of the Housing and Community Development Act of 1974, as amended; particularly the needs of low and moderate income residents. List needs in order of local priorities. Reference sources which will verify these needs. (Sources need not be attached)

B. Plan(s):

Describe how the proposed activities directly implement goals or policies of the local Comprehensive Community Plan.

Describe the community's status with regard to the required local Affordable Housing Plan.

### III. Proposed Activities

A separate proposal shall be presented for each activity. The proposal shall include the following; summary cover sheet, description, national objective compliance, compliance with threshold requirements and a proposed budget.

**Any activity not containing a complete, accurate summary cover sheet will not be reviewed as part of the CDBG quantifiable rating and ranking process.**

Documentation shall be appended to each proposal.

A city or town map shall be included in each application. The map shall provide the following: census tract boundaries and numbers; areas of concentration of low/moderate income families and area of slums and blight; and the location of each activity and target areas as appropriate. Individual maps for each proposal may be included as part of the proposal if appropriate.

### LOCAL PRIORITY

List each proposed activity in order of local priority. Attach a complete proposal for each activity listed. The list will be used as part of the evaluation system.

#### Activity

#1	<hr/> Title <hr/>	<hr/> Amount <hr/>
#2	<hr/> Title <hr/>	<hr/> Amount <hr/>
#3	<hr/> Title <hr/>	<hr/> Amount <hr/>
#4	<hr/> Title <hr/>	<hr/> Amount <hr/>
#5	<hr/> Title <hr/>	<hr/> Amount <hr/>
#6	<hr/> Title <hr/>	<hr/> Amount <hr/>
#7	<hr/> Title <hr/>	<hr/> Amount <hr/>
#8	<hr/> Title <hr/>	<hr/> Amount <hr/>
#9	<hr/> Title <hr/>	<hr/> Amount <hr/>
#10	<hr/> Title <hr/>	<hr/> Amount <hr/>



Activity #: \_\_\_\_\_ Title: \_\_\_\_\_

A. SUMMARY

National Objective (check **ONLY** one)

Low/Moderate \_\_\_\_\_  
Slums and Blight \_\_\_\_\_  
Urgent Needs \_\_\_\_\_

Proposed Purpose (**check one**)

Housing:  
  Rehabilitation \_\_\_\_\_  
  Operating \_\_\_\_\_  
  Acquisition/Development \_\_\_\_\_  
Economic Development:  
  Financial Assistance \_\_\_\_\_  
  Technical Assistance \_\_\_\_\_  
Public Facility \_\_\_\_\_  
Public Services \_\_\_\_\_  
Planning \_\_\_\_\_  
Slums and Blight \_\_\_\_\_  
Urgent Need \_\_\_\_\_

Activity Budget

Total Project Cost \$ \_\_\_\_\_  
CDBG Amount Request \$ \_\_\_\_\_  
Private Funds \$ \_\_\_\_\_  
Leveraged Funds\* \$ \_\_\_\_\_

\*Leveraged funds are those (public or private) which become available as a result of the implementation of this project. Funds which are already available or which would be available in the absence of this project will not be considered as leveraged funds. Document firm commitments or program design requirements to demonstrate total funds to be leveraged.

Summary (Cont.)

Other Sources:

Please detail other resources that have been sought and/or received in support of the proposed activity. Use the following key in checking all that apply:

- (1) Funds have been sought/applied for from this source.
  - (2) Application has been denied.
  - (3) Application has been approved.
  - (4) Funds will be sought/applied for from this source.
  - (5) No funds will be sought from this source.
- (Please include more detail in activity narrative, if justified)

	(1)	(2)	(3)	(4)	(5)
RIH:					
HOME	_____	_____	_____	_____	_____
Low Income Housing Tax Credits	_____	_____	_____	_____	_____
McKinney Continuum of Care					
Lead Program	_____	_____	_____	_____	_____
Thresholds	_____	_____	_____	_____	_____
HRC:					
Building Better Communities	_____	_____	_____	_____	_____
Family Housing Program	_____	_____	_____	_____	_____
DOT:					
Transportation Enhancement	_____	_____	_____	_____	_____
EDC:					
_____	_____	_____	_____	_____	_____
DEM:					
_____	_____	_____	_____	_____	_____
DHS:					
_____	_____	_____	_____	_____	_____
Foundation/Other:					
Rhode Island Foundation	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**For Economic Development Proposals:**

Number of Businesses to be Assisted \_\_\_\_\_

Number FTE permanent jobs to be created/retained: \_\_\_\_\_

For Area Benefit Proposals:

Identify the income characteristics of the area served by this activity: Total Persons: \_\_\_\_\_

Low/Mod Income Persons: \_\_\_\_\_

**For Housing Proposals:**

Number of Units Acquired/Developed \_\_\_\_\_

Number of Units Rehabilitated/Provided \_\_\_\_\_

Has the community formed a consortium  
for the purpose of jointly admini-  
stering housing programs? Yes\_\_\_\_ No\_\_\_\_

Does the community's CDBG-funded Rehab.  
program include a Loan component? Yes\_\_\_\_ No\_\_\_\_

**Housing Rehabilitation Past Funds:**

	Total Funds Committed/Expended FY'03 CDBG	FY'04 CDBG
Grants/Loans	_____	_____
Operating	_____	_____

(The above should include only those funds already expended or  
committed to a specific project)

**Hsg Rehab Activity between 1/1/04-12/31/04:**

Total projects completed \_\_\_\_\_

Total units in projects: \_\_\_\_\_

Total cost of projects completed: \_\_\_\_\_

(The above figures should include those projects paid for with  
CDBG funds as well as from other sources, for which CDBG funds  
were used for operating (ie. Home).)

**For Community Facility or Service Proposals:**

Number of Low/Moderate persons to  
be served \_\_\_\_\_

**For area benefit proposals:**

Identify the income characteristics of the area  
served by this activity: Total Persons: \_\_\_\_\_

Low/Moderate Income Persons: \_\_\_\_\_

**For Slums and Blight Proposals:**

Total number of structures or blighting  
influences to be rehabilitated, demolished,  
acquired, etc. \_\_\_\_\_

Number of structures in designated area  
which are deteriorating or dilapidated: \_\_\_\_\_

Identify the income characteristics of the area  
served by this activity: Total Persons: \_\_\_\_\_

Low/Moderate Income Persons: \_\_\_\_\_

**For Planning Activities:**

Total number of persons in area targeted \_\_\_\_\_

Total number of low/moderate persons  
in area targeted \_\_\_\_\_

(if known; if not, best estimation)

**For All Proposals:**

Does the community employ handicapped or  
minorities in its CDBG agency (City/Town)? Yes\_\_\_\_ No\_\_\_\_

Has the community awarded contracts to  
minority and female business enterprises? Yes\_\_\_\_ No\_\_\_\_

Does the community have staff (or applicant  
agencies with staff) who have completed the  
URI Community Development Training program? Yes\_\_\_\_ No\_\_\_\_

Is this activity consistent with a  
specific community revitalization plan? Yes\_\_\_\_ No\_\_\_\_  
(This should be documented in activity narrative)

Is activity located in a State Enterprise  
Zone? Yes\_\_\_\_ No\_\_\_\_

**Be sure to complete the above question(s) accurately for each activity proposed. Incorrect or incomplete information could result in the activity not ranking as highly as it should. If you have a question as to the type of activity being requested and section that must be completed, contact Michael Tondra at 222-4411.**

**Feasibility**

Explain the basis for cost estimates and sources of funding. Attach cost estimates, engineering studies etc. to verify costs. List all proposed sources of funding and approximate dates funding will be available. **For housing/economic development proposals, this should additionally include a sources and uses of funds breakdown for the entire project.**

Activity: \_\_\_\_\_

## B. Activity Description

Describe the activity to be undertaken; providing quantities, numbers, area, locations and other information necessary to clearly define the proposal. Illustrative material may be appended including a target area map if appropriate.

Discuss the relationship of this proposal to local community development needs and objectives. If appropriate, discuss the relationship of this proposal to the past use of CDBG funds.

The description provided is used to determine if the activity is an eligible use of community development funds. Reference to the eligible activity provided in this Handbook is essential.

## C. National Objective Compliance

Each proposal must address one of the three national objectives. Item II A of this Handbook provides the definitions and criteria needed to determine compliance.

Each proposal must identify the specific national objective to be addressed. To the extent feasible, it is suggested that language used in the Item II A be employed.

### 1. Primary Benefit to Low and Moderate Income Families

Provide the following information as applicable to this proposal.

- Include documentation relative to sources and methods to assure compliance.
- Total number of units and percent of units to be occupied by low and moderate income families at affordable rents.
- Total jobs to be created and percent of jobs available to low and moderate income persons.
- Total population of neighborhood and percent which is low and moderate income.
- Total number of persons to be served and percent of persons, who are of low and moderate income, using services.

## 2. Prevention or Elimination of Slums and Blight

Document the activity's compliance with the definition of slums and blight provided at Item II A.2 of the Handbook.

- Attached documentation officially designating areas of slums and blight.
- Attach map of designated area.
- Provide the number of structures in area and total number of structures which are dilapidated. (Dilapidated structures or deteriorated public improvements must be located throughout the area)
- Describe the conditions which lead to a determination of slums and blight.
- Describe how the activity will address one or more of these conditions.
- Indicate the total number of substandard structures to be rehabilitated, demolished, acquired etc.
- Discuss the impact of the program on the overall needs of the area and the measures to be taken to prevent further deterioration.
- For elimination of specific conditions on a spot basis, document the number of structures to be included and the specific conditions to be eliminated which are detrimental to health and safety.

## 3. Urgent Community Development Needs

- Document the nature and immediacy of conditions which pose a serious threat and the unavailability of local or other funds. Use the definition at Item II A.3 of the Handbook as reference.
- Document the population affected by the threat, the number of persons to benefit and the extent to which the threat will be eliminated.
- Attach "Urgent Community Development Needs Assurances"

Complete for Urgent Needs Activities Only.

RHODE ISLAND SMALL CITIES  
COMMUNITY DEVELOPMENT BLOCK GRANT

Urgent Community Development Needs Assurances

In order to meet national objectives, communities which propose activities designed to meet community development needs having a particular urgency must certify and assure the following and provide documentation to support these certifications.

The \_\_\_\_\_ of \_\_\_\_\_ hereby certifies and assures that:

1. The proposed activity is designed to alleviate existing conditions which pose a serious and immediate threat to the health or welfare of the community.
2. The condition is of recent origin or recently became urgent. (Recent origin is defined as a condition that developed, or became critical, within 18 months of the certification.)
3. It is unable to finance the activity on its own and other resources to finance the activity are not available.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Title: \_\_\_\_\_



D. Threshold Requirements

Describe how the proposal complies with each of the following threshold requirements.

A. Compliance with the Comprehensive Community Plan and Development Controls.

B. Recognition of Flood Plain Restrictions:

C. Recognition of Historic Resources: Attach correspondence notifying R.I. Historic Preservation Commission **and the Narragansett Indian Tribal Historic Preservation Office** of proposed activities and location.

E. Other Review and Regulatory Systems

Indicate any Federal or State review or regulatory system which may have jurisdiction over the proposed activity(s), such as: Federal programs of the Corps of Engineers and the Environmental Protection Agency, and State programs of the Department of Health, the Department of Environmental Management, the Coastal Resources Management Council, the Historic Preservation Commission and **the Narragansett Indian Tribal Historic Preservation Office**. Attach copies of determinations made by any agency or jurisdiction.

F. MULTI-YEAR FUNDING REQUESTS ONLY:

- A. Submit a plan describing the multi-year community/neighborhood revitalization effort. Explain in detail uses of funds which will be requested from the CDBG program in this and subsequent years. Provide quantities, numbers, area, locations, beneficiary and other information necessary to clearly define the proposal. Discuss the relationship of this proposal to local community development needs and objectives as set forth in the local Comprehensive Community Plan.

NOTE: Future year funding is contingent upon receipt and availability of CDBG funds, the municipality's adherence to the development plan and substantial expenditure of previous year(s) funding. The plan may be revised by the municipality and MA/CD if deemed appropriate.

- B. Detail activities that have been completed to date toward the previously described comprehensive revitalization effort. This exhibit should include all activities which have been completed, both from CDBG and other sources, and should explicitly identify sources and uses of funds.
- C. Detail projects planned in this area, consistent with the revitalization effort, which may be completed with funding sources other than the State CDBG program. Identify said funds and indicate the degree to which funds have been committed to the project.



- D. If there has been a delay in the implementation of a community/neighborhood revitalization effort, please detail the reasons for such.

- E. If this request is to renew or extend completed three-year revitalization effort (ie. 2nd 3-year request in the same target), describe in detail the impact the first 3-year program has had on the target area.

This section should use demographic characteristics of the area prior and subsequent to the initiation of this plan and highlight changes to demonstrate the impact, if any, implementation of this plan has had on the area.

The community must review it's original revitalization plan/application and detail progress, point by point, in meeting the objectives outlined in such plan.

The community should also, if feasible, update inventory lists (ie. dilapidated/vacant structures, rehabilitation completed with and without CDBG assistance, improvements which have been influenced by CDBG investment).

Note: A description of the activities completed to date will not be sufficient in responding to this question. The community must look deeper into the "impact" these activities have had.

All information should be provided numerically.

Note: If a community is proposing a revitalization for a new target area, an analysis of the first area(s)' revitalization effort is required, in the same format specified above, to measure local capacity to implement the program.



## F. Performance Indicators

HUD has strongly recommended that recipients of CDBG funds develop "Performance Indicators" to track the successes of their programs. Rhode Island is currently looking into developing standard indicators for local programs.

All revitalization requests must include two (2) performance indicators which the community believe would effectively demonstrate the success of the concentrated effort.

Following (in Appendix F) are examples of indicators. Effective indicators would be easily and objectively tracked by the community, be quantifiable, and have documented benchmarks (starting points). Communities may pick two indicators from the (Appendix F) list of examples, or may suggest alternative indicators based on their experiences.

Indicator #1: \_\_\_\_\_  
Indicator #1: Starting Point (Benchmark) \_\_\_\_\_  
Indicator #1: Method used to update Benchmark: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicator #2: \_\_\_\_\_  
Indicator #2: Starting Point (Benchmark) \_\_\_\_\_  
Indicator #2: Method used to update Benchmark: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G. Preagreement Request

If the community wishes to have this activity considered under the preagreement cost provisions of the CDBG regulations, please complete the section below.

Dollar Amount of Preagreement Costs Requested: \$\_\_\_\_\_

Projected Start Date of Project: \_\_\_\_\_

Narrative, justifying request:

---

---

---

---

---

---

---

---

---

---

---

---

Note the above is not intended to circumvent the Steering Committee review/award process. It is intended to provide a mechanism where a community may begin obligations for a specific activity (which is likely to receive favorable consideration) prior to the signing of a contract agreement, when such would be negatively impacted by awaiting the completion of the typical awards process.

If approved, the municipality must support the expenditures from its own resources to be reimbursed by the State CDBG program subsequent to the signing of a Contract Agreement for the FY'05 award.

RHODE ISLAND SMALL CITIES COMMUNITY DEVELOPMENT BLOCK GRANT  
PROGRAM

PRELIMINARY MANAGEMENT PLAN

Community \_\_\_\_\_

The applicant is required to submit information on the funding for Program Administration shown on Page 12 of Form DCA/CD-3. This will be treated as preliminary but is required to indicate the capability of the applicant to manage the program.

1. PROPOSED ADMINISTRATIVE BUDGET

A.	Personnel:	Projected Cost:
	Title _____	\$ _____.
	Title _____	\$ _____.
	Title _____	\$ _____.
	Title _____	\$ _____.
B.	Consultant Services: (Indicate general purpose)	
	_____	\$ _____.
	_____	\$ _____.
C.	Personnel Travel:	\$ _____.
D.	Office Supplies and Equipment:	\$ _____.
E.	Telephone:	\$ _____.
F.	Printing and Duplicating:	\$ _____.
G.	Data Processing:	\$ _____.
H.	Citizen Participation & Public Information	\$ _____.
I.	Environmental and Other Required Reviews	\$ _____.
J.	TOTAL PROGRAM ADMINISTRATION	\$ _____.

\* Total of wages and fringe benefits



RHODE ISLAND SMALL CITIES  
COMMUNITY DEVELOPMENT BLOCK GRANT

Economic Development Documentation

Applications for economic development activities involving assistance to private for profit businesses must include financial documentation for review by the Economic Development Subcommittee. Applicants must inform the private businesses of the requirements prior to the applications submission. All applications must include clear evidence of firm private commitments to be considered feasible and effective.

The Economic Development Subcommittee may requires additional marketing and financial information directly from the private participating parties and may request several meetings during the review process. The Economic Development Subcommittee will determine when documentation is complete, may negotiate "necessary or appropriate" financing, and will submit the funding proposal to the Steering Committee for final review.

The following documentation must be submitted with the application:

- 1) Letter of intent from the private for profit business.
- 2) Description of the project.
- 3) Sources and uses of funds.
- 4) Evidence of commitment from private lending sources.
- 5) Availability of other funding alternatives.
- 6) Use of CDBG funds and justification for the amount requested. (least necessary to make the project feasible)
- 7) History of the company
- 8) Description of jobs proposed to be created or retained. Include total number of jobs and indicate those which will be available to low and moderate income persons.

The following documentation may be attached to the application or may be provided directly to the State during the review process. Indicate whether the document is attached or to be submitted.

<u>Attached</u>	<u>To be Submitted</u>	
_____	_____	<u>Banking references</u>
_____	_____	<u>Financial Statements</u>
		Balance Sheet* (last 3 years)
_____	_____	Profit & Loss Statement (last three years)
_____	_____	Projected cash flow by month for first 12 months
_____	_____	Projected cash flow by year for first five years
_____	_____	Dunn and Bradstreet rating (if available)
_____	_____	<u>Provisions for repayments</u>
_____	_____	Current Payroll

\* If business start-up, personal bank references of owners and audited personal financial statements will be required.